



**City of Gillette**  
**Administrative Services Department**  
201 E. 5<sup>th</sup> Street – 3<sup>rd</sup> Floor City Hall  
PO Box 3003  
Gillette, WY 82717  
**Ph: 307-686-5230 / Fax: 307-686-3298**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

**CLAIM FORM**

Pursuant to the governance of W.S. § 1-39-113 and the Wyoming State Constitution, Article 16, Section 7, the following claim is made **under the penalty of false swearing**. All claims must be filed within two (2) years of the alleged act, error or omission. Complete form in its entirety and submit to the appropriate governmental entity.

1. Name of Governmental Entity: \_\_\_\_\_
2. Claimant name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Claimant Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_
3. If above claimant is a business or insurance company:  
Contact/Representative name: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Claim Number: \_\_\_\_\_
4. Name, address and phone number of attorney, if represented regarding this claim:  
\_\_\_\_\_  
\_\_\_\_\_
5. Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_ AM / PM
6. Location of occurrence (include as much information as possible): \_\_\_\_\_  
\_\_\_\_\_  
City or Town: \_\_\_\_\_ In Near \_\_\_\_\_ (miles to/from)  
Highway or Street Name: \_\_\_\_\_
7. Amount of compensation or other relief demanded: \_\_\_\_\_  
\_\_\_\_\_

**(Attach relevant documentation that supports your claim; 2 estimates and proof of ownership are required for property damage)**

8. Please provide a complete description of the accident or occurrence. Include as much detail as possible, with applicable supporting documentation attached.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Name of Public Employee involved, if known: \_\_\_\_\_

This "Claim Form" is provided for the information and convenience of the claimant. The claimant is wholly responsible for completing this claim form properly and accurately, and in accordance with statutory requirements. The claimant is further responsible for presenting this claim form to the proper government entity. Neither the government entity providing this claim form nor its agents or assignees, including the Wyoming Association of Risk Management (WARM), make any representations as to the legal sufficiency of this claim form or the accuracy of the information provided herein.

All personal information provided herein shall be utilized only for purposes of processing this claim and in accordance with all Wyoming and federal laws.

The government entity hereby explicitly reserves any and all rights to deny this claim upon any legal basis, including, but not limited to, the insufficiency and timely filing of this claim form. The claimant should seek the advice of private counsel for legal advice.

I, *(please print)* \_\_\_\_\_ have read and understand the provisions of the false swearing statute. I hereby certify under penalty of false swearing and subject to the governance of W.S. § 6-5-303, and its penalties, that the foregoing claim form and any attachment(s) are true and accurate.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

STATE OF WYOMING )  
COUNTY OF \_\_\_\_\_ ) SS

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

Notary Public (signature): \_\_\_\_\_